

REQUEST NO. \_\_\_\_\_ - \_\_\_\_\_

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
MICROCOMPUTER REPAIR EQUISTION**

**PART I: To be completed by MIS**

**A. IDENTIFYING INFORMATION**

1. DATE RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_ BY \_\_\_\_\_ (Initials)  
 2. REQUESTOR/UNIT \_\_\_\_\_  
 3. ADDRESS \_\_\_\_\_  
 4. COST CODE \_\_\_\_\_  
 5. CONTACT PERSON \_\_\_\_\_ 6. TELEPHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**B ITEM DESCRIPTION**

1. ITEM TO BE REPAIRED \_\_\_\_\_  
 \_\_\_\_\_  
 2. MANUFACTURER / BRAND \_\_\_\_\_  
 3. MODEL NO. / VERSION \_\_\_\_\_  
 4. SERIAL NO. \_\_\_\_\_ 5. DATE PURCHASED \_\_\_\_/\_\_\_\_/\_\_\_\_  
 6. L.A. CO. TAG NO. \_\_\_\_\_ 7. DMH TAG NO. \_\_\_\_\_  
 8. IS EQUIPMENT STILL UNDER WARRANTY? YES \_\_\_\_ NO \_\_\_\_

**C. PLEASE DESCRIBE THE PROBLEM (including error messages if indicated):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. DISPOSITION**

1. IS MIS ABLE TO REPAIR? YES \_\_\_\_ NO \_\_\_\_  
 2. REFER TO MANUFACTURER/TECHNICAL SUPPORT? YES \_\_\_\_ NO \_\_\_\_  
 3. REFER TO ADMIN. SERVICES FOR VENDOR REPAIR? YES \_\_\_\_ NO \_\_\_\_  
     DATE SENT TO ADMINISTRATIVE SERVICES \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 MIS STAFF SIGNATURE

**PART II: To be completed by Administrative Services**

A. DATE REQUEST RECEIVED FROM MIS \_\_\_\_/\_\_\_\_/\_\_\_\_

B. RECEIVED ITEM TO BE REPAIRED? YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_

C. NAME OF REPAIR VENDOR CONTACTED \_\_\_\_\_

D. DATE COMPLETED \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 SIGNATURE/DATE